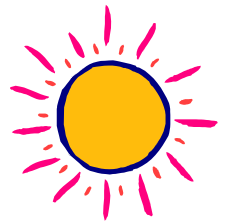




SALMON BROOK PARK
SUMMER PROGRAM REGISTRATION FORM
PLEASE COMPLETE ONE (1) REGISTRATION FORM PER CHILD



PARTICIPANT NAME (Last, First) _____
Nick Name _____ **Age 7/1/08** _____ **Sex** _____
DOB _____ **Grade 9/08** _____ **School** _____
Address _____ **ZIP** _____
Home Phone _____ **Daytime Phone** _____
Cell Phone _____
Parent/Guardian Name _____
E-Mail Address: _____
In Case of Emergency, Please Notify (grandparent, babysitter...):
Name _____ **Daytime**
Relationship _____ **Phone** _____

PROGRAM REGISTRATION

SALMON BROOK PARK MEMBERSHIP \$ _____

Family _____ Adult _____ Youth _____
Please name each person:

DAY CAMP (Please complete medical form on back) \$ _____

Specify ✓ either week 1 or week 2 of each session

I 6/23 _____ Bus Needed _____ **II Trip Week/\$32day** 6/30 _____ 7/1 _____ 7/2 _____ 7/3 _____
III 7/7 _____ 7/14 _____ **IV** 7/21 _____ 7/28 _____ **V** 8/4 _____ 8/11 _____

Day Camp _____ Half-Day Camp _____ Super Gang Camp _____ 'Tweens _____
KinderCamp _____ KinderCamp All-Day _____ CIT – 1st Year _____ 2nd Year _____

➤ *LESS* EARLY REGISTRATION DISCOUNT (by 6/2) \$ _____
➤ *LESS* ADD'T'L FAMILY MEMBER \$ _____

TEEN SIZZLERS \$ _____
7/10 _____ 7/17 _____ 7/22 _____ 7/31 _____ 8/7 _____

SWIM LESSONS \$ _____

Jr. Lifeguard Session I _____ Session II _____
Swim Lessons Swim Level _____ Need testing _____
I 6/23 – 7/3 _____ **II** 7/7 - 18 _____ **III** 7/21 - 8/1 _____ **IV** 8/4 - 15 _____

NON-RESIDENT FEES (\$5 per swim session/camp week per child per program) \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

EMERGENCY AUTHORIZATION: I understand that in any activity there is an inherent amount of risk involved. Parent/guardian signature on this form indicates recognition of those risks, permission to participate and consent for the staff at Salmon Brook Park to secure emergency medical treatment in the event I cannot be reached.

Parent/Guardian Signature

Date

[For office Use Only] I ____ II ____ III ____/____ IV ____/____ V ____/____

MEDICAL CARD – For Day Camp Only

Camper's Name _____

Address _____ ZIP _____

Home Phone _____ Age as of _____ Grade _____

DOB _____ 7/1/08 _____ 9/08 _____

Mother/Guardian _____

Daytime Phone _____ Cell Phone _____

Father/Guardian _____

Daytime Phone _____ Cell Phone _____

Child Lives With: _____

The well being of your child is very important to us. Is there anything special you would like us to know about your camper? _____

Allergies (foods, smells, hay fever, poison ivy, insect bites, asthma, etc.) & medications: _____

What activities can your child NOT participate in? _____

Why? _____

What medications is your child currently taking? _____

What for? _____

List meds your child has to bring to camp: _____

PLEASE NOTE: The staff does NOT administer medications; if a camper is unable to administer them him/herself, a parent is required to come to camp to administer them.

EMERGENCY AUTHORIZATION: I understand that in any activity there is an inherent amount of risk involved. Parent/guardian signature on this form indicates recognition of those risks, permission to participate and consent for the staff at Salmon Brook Park to secure emergency medical treatment in the event I cannot be reached.

Parent/Guardian Signature

Date

We will be transmitting the Parent Handbooks & Weekly Newsletters electronically. Please supply:

E-Mail Address: _____

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